



Attorney's Docket No. 001560-350

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	IN THE UNITED STATES PATE	NT.	AND TRADEMARK OFFICE	5	7	
In re Pat	ent Application of	)	BOX AF	<u> </u>		
Masako MITZUTANI et al			Group Art Unit: 1638		豆	
Application No.: 09/147,955			Examiner: Medina Ahmed Ibrah	im	TECH CENTER 1600/2900	
Filed: March 24, 1999			Confirmation No.: 2480		900	
For: GENES ENCODING PROTEINS HAVING TRANSGLYCOSYLATION ACTIVITY						
	AMENDMENT/REPLY T	RA	NSMITTAL LETTER			
	Commissioner for Patents ton, D.C. 20231					
Sir:						
Enc	losed is a reply for the above-identified pa	iten	application.			
[X]	A Petition for Extension of Time is also	ene	closed.			
[]	A Terminal Disclaimer and a check for requisite Government fee are also enclo			ove	r the	
[X]	Also enclosed is a Notice of Appeal					
[]	Small entity status is hereby claimed.					
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
	[ ] Applicant(s) previously submitted requested.	,	on, for which continued exami	natio	on is	
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration (146/246) is also enclosed.	of S	Submission under 37 C.F.R. § 1.12	!9(a)	)	
[]	No additional claim fee is required.					

[X] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	37	MINUS 20 =	17	× \$18.00 (1202) =	306.00
Independent Claims	5	MINUS 4 =	1	× \$84.00 (1201) =	84.00
If Amendment adds mu	ltiple depend	ent claims, add \$28	0.00 (1203)		
Total Amendment Fee					390.00
If small entity status is	claimed, sub	tract 50% of Total A	Amendment F	ee	
TOTAL ADDITIONA	L FEE DUE	FOR THIS AME	NDMENT		\$390.00

[X]	A claim fee in the	e amount of \$ <u>390.00</u>	is enclosed
[ ]	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Donna M. Meuth Registration No. 36,607

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: January 3, 2003